

Mail Stop Patent Application
 COMMISSIONER FOR PATENTS
 P. O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): William Frank Micka, Gail Andrea Spear, Sam Clark Werner, and Warren K. Stanley

For: **METHOD, SYSTEM, AND ARTICLE OF MANUFACTURE FOR COPYING OF DATA IN A REMOTE STORAGE UNIT**

Enclosed are:

5 Sheet(s) of drawings; 18 pages of Application; 13 pages of specification; 1 page of abstract.
 Declaration and Power of Attorney (unsigned).
 An assignment of the invention to International Business Machines Corporation.
 An associate power of attorney.
 Certified copy of Patent Application No. filed from which priority is claimed under 35 U.S.C. §119.
 IDS; PTO-1449 and references.
 Formal Drawings; 5 sheets.
 Return Postcard.

Case Docket No. TUC920030044US1
 March 29, 2004
 Express Mail Label No. EV326952585US
 0022.0044



22278 U.S.PTO
10/8/15/73



CALCULATION OF FEES							
ITEM		NO. OF CLAIMS FILED MINUS BASE*	NO. OF CLAIMS OVER BASE	X FEE	\$ AMOUNT	\$ FEE	
A	TOTAL CLAIMS FEE	18	- 20* = -2	X \$18	\$-36		
B	INDEPENDENT CLAIMS FEE**	3	- 3* = 0	X \$86	\$0		
C	SUBTOTAL - ADDITIONAL CLAIMS FEE (ADD FINAL COLUMN IN LINES A + B)						
D	MULTIPLE-DEPENDENT CLAIMS FEE						
	SMALL ENTITY FEE = \$140; LARGE ENTITY FEE = \$280						
E	BASIC FEE*						
	SMALL ENTITY FEE = \$370; LARGE ENTITY FEE = \$770						
F	TOTAL FILING FEE (ADD TOTALS FOR LINES C, D, AND E)						
G	ASSIGNMENT RECORDING FEE						
	**LIST INDEPENDENT CLAIMS 1, 7, 13						

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A check in the amount of \$ to cover the filing fee is enclosed.
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 Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

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TUC920030044US1
0022.0044

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for
W.F. Micka, G.A. Spear, S.C. Werner and
W.K. Stanley
Serial No.: Not Yet Assigned
Filed: March 29, 2004
For: **METHOD, SYSTEM, AND ARTICLE
OF MANUFACTURE FOR COPYING OF
DATA IN A REMOTE STORAGE UNIT**
Examiner: Not Yet Assigned
Art Unit: Not Yet Assigned

CERTIFICATE OF MAILING

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

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I hereby certify that patent application papers, including specification, claims and 5 sheets of drawings are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

March 29, 2004
(Date of Deposit)

Patricia McLaughlin
(Name of person mailing paper or fee)

Patricia M. Gaughan
(Signature)

TRANSMITTAL FORM		Application Number	Not Yet Assigned
<i>(To be used for all correspondence after initial filing)</i>	Filing Date	March 29, 2004	
	Inventor	W.F. Micka et al.	
	Group Art Unit	Not Yet Assigned	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in this Submission: 6	Attorney Docket Number	TUC920030044US1	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; ___ references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input checked="" type="checkbox"/> Formal Drawings: <u>5</u> sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, and/or Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	Rabindranath Dutta, Registration No. 51,010
Signature:	<i>Rabindranath Dutta</i>
Date:	March 29, 2004
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Typed or Printed name:	Rabindranath Dutta
Signature:	<i>Rabindranath Dutta</i>
Date:	March 29, 2004
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